



**CITY OF EL PASO
DEPARTMENT OF ENVIRONMENTAL SERVICES
ANIMAL SERVICES
5001 Fred Wilson Dr. El Paso, Texas 79906
(915) 842-1000 Fax (915) 842-1008**



**APPLICATION: ANIMAL LITTER PERMIT
(7.24.050)**

Owner Name:_____ **Phone:**_____

Owner Address:_____

City/State/Zip:_____

Information on Animal having litter:

Pet's Name_____

Predominant Breed:_____ **Age:**_____ **months**

Color(s):_____

Microchip#_____

Registration #_____

Litter Size:_____ **Litter DOB:**_____

Please initial the following declarations:

- _____ I understand Title 7 of the El Paso City Code, governing the animal litter permit within the City Of El Paso.
- _____ I authorize the City of El Paso and/or designee to inspect my property at any reasonable hour and establishment requirements, restrictions or limitations.
- _____ I am limited to one litter per year for each breeding female dog or cat I own.

Applicant Signature:_____ **Date:**_____